

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039675

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

137

Primary Registration District No.

3023

Registrar's No.

266

FILED OCT 21 1963

## 1. PLACE OF DEATH

a. COUNTY Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN ClintonLength of stay in 1b  
10 min.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Clinton GeneralInside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Henry

c. CITY OR TOWN Leesville Twsp

Inside Limits  
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)  
Clinton RR#2Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First Devon

Middle

Last Eisel

4. DATE OF DEATH

Month

Day

Year

October 15, 1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

Oct 15, 63

## 9. AGE (last birthday)

10 min.

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

## 10b. KIND OF BUSINESS OR INDUSTRY

None

## 11. BIRTHPLACE (City and state or country)

Clinton, Missouri

## 12. CITIZEN OF WHAT COUNTRY

U'a

## 13a. FATHER'S NAME

Lewie Eisel

## 13b. MOTHER'S MAIDEN NAME

Marion Frances Richmond

## 14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES  
(Yes, no, or unknown) (If yes, give war or dates)

No

## 17. INFORMANT

Lewie Eisel, Leesville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Bilateral atelectasis

INTERVAL BETWEEN  
ONSET AND DEATH  
10 min.Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

Prematurity

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT, SUICIDE, HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-15-63 to 10-15-63 and last saw <sup>her</sup>him alive on 10-15-63  
Death occurred at 2:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Hugh B. Walker, MD

## 22b. ADDRESS

Clinton, Mo

## 22c. DATE SIGNED

10-16-63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

Oct 18, 63

## 23c. NAME OF CEMETERY OR CREMATORY

Tebos

## 23d. LOCATION (City, town, or county)

Henry Co., Missouri

(State)

## 24. FUNERAL DIRECTOR

Consalus

Clinton, Mo.

## 25. DATE RECD. BY LOCAL REG.

Oct 18, 1963

## 26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/59

10425

20420

3

4 1

5 0

6

7 0

8 2

9 762.5

10

11

12 1-0

13 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Not Embalmed

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

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Permit Obtained 10-18-68 (12-13)